



# BENE-FACTS



"Your Employee Medical and Dental Benefits Resource"

[www.butlerhealthplan.org](http://www.butlerhealthplan.org)

January, 2009



## New Pharmacy Benefit Manager Express Scripts - Effective January 1, 2009

**I did not received the new Butler Health Plan (BHP) ID card. How do I order an ID card?** Call Allied at 1-800-288-2078 to order additional ID cards. Please confirm that the correct address is on file.

When I tried to pick up my medication at the pharmacy, I was told that I am not in the computer system. How do I get my medication? Show your new ID card to the pharmacist. Confirm that the pharmacy is using the new Express Scripts payor numbers on the front of the ID card. For help, the pharmacy may contact the Express Scripts Pharmacy Help Desk number on your ID to card to process your prescription claim.

**Why did some of my prescriptions not transfer from Caremark to Express Scripts Home Delivery Service?** This is the first time we made a prescription drug company change WITHOUT you having to get a new prescription for your open mail order prescriptions. The final group of scripts from Caremark was loaded January 6. By law, controlled, specialty and compound medications cannot be rolled over and will require a new written prescription. If your prescription has not rolled over to the Express Scripts Home Delivery Service, you must mail a new script or your physicians may fax new mail order scripts to: 1-800-636-9494

**I am a Classic plan member. Why does the ESI website calculate my drug prices so high?** Until a member meets the \$25 deductible, the cost for each Rx will include the \$25 deductible and your coinsurance. You may also want to check to see if you are getting a generic or preferred formulary medication. You can save money on your prescription drug costs when you are able to use generics or brands on the preferred formulary list.

**How does my doctor know what drugs are on the formulary?** A list is mailed to your home annually and you may print from the Butler Health Plan web site under FORMS or the Express Scripts web site. You may take the list to your next doctor office visit.

Ask your doctor to review and select the appropriate medication for you from the formulary list. If your doctor has any questions about the formulary, he/she may call Express Scripts at 1-866-275-0044.

**My spouse has prescription claims from December 2008. Where should I send 2008 secondary claim requests?** To coordinate benefits with a primary prescription company for secondary payment, download a Caremark claim form at [www.butlerhealthplan.org](http://www.butlerhealthplan.org) on the "Forms" page. You have until March 31, 2009 to send your 2008 prescription claims to Caremark for reimbursement consideration.

**Where should I send 2009 prescription claims for reimbursement consideration?** Download an Express Scripts prescription drug claim form at [www.butlerhealthplan.org](http://www.butlerhealthplan.org) the directions to process claims on the "Forms" page, and follow

**What if I want to check the total amount of prescriptions paid claims from 2008 to report on my tax return?** You may request a patient history print out for the year from each pharmacy that you use. Another option is to call Caremark at 1-866-498-2247 to request the total amount paid for each family member for the year 2008.

**What is a prior authorization?** Certain drugs require a prior authorization before prescriptions are filled and coverage is provided. Generally, these are drugs that have quantity limits, therapy limits by the FDA or may cause harm if not used correctly.

You may determine if a drug needs a prior authorization by calling ESI or log on to the web site at [www.express-scripts.com](http://www.express-scripts.com)



EXPRESS SCRIPTS®

**Register for online access to your prescription drug benefit information at [www.express-scripts.com](http://www.express-scripts.com)**



**Don't Have Internet Access? No Problem. Simply Call**

**☎ 1-866-275-0044**

## Reminder: Deductible and Out-of-Pocket Resets Each Calendar



Your deductible and out-of-pocket maximum co-insurance is reset to zero on January 1, 2009.

**Deductible**—The annual amount a member pays each calendar year before the plan covers health care costs for specified services.

For example: The Classic Plan members have a \$25 prescription drug deductible per member that must be met before the plan pays a portion of the cost.

**Out-of-Pocket Maximum**—The amount an enrollee must pay for co-insurance in a calendar year before the plan covers remaining expenses for that year at 100%.

There are different out-of-pocket maximums for each medical plan design option.

**Co-insurance**— The percentage of covered charges you must pay after you have met your annual deductible.

The co-insurance counts toward the annual out-of-pocket maximum. The co-insurance percentages differ de-

pending on the type of service and whether the service is in-network or out-of-network.

**Co-payment or Co-pay**— A cost sharing arrangement in which the member pays a fixed amount for a specific service, such as \$10 for a prescription drug or \$25 for a doctor office visit.

The co-pays do not count toward the annual out-of-pocket maximum. You may view your plan coverage at [www.butlerhealthplan.org](http://www.butlerhealthplan.org) or call customer service number on your ID card for benefit questions.

## Annual Notice of Post-Mastectomy Benefits

### Women's Health & Cancer Rights Act (WHCRA) of 1998



This is a notice that is required to be included in the newsletter annually. The WHCRA of 1998 requires affected health insurers and Employer Sponsored Group Medical plans to provide certain coverage following a mastectomy.

Required Coverage:

- Reconstruction of a surgically removed breast;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and

- Prostheses and physical complications from all stages of mastectomy, including lymphedemas.

Benefits will be subject to the same deductibles and coinsurance as applicable to the same type of services. Please refer to your BHP Medical Plan Document on the web site.

[www.butlerhealthplan.org](http://www.butlerhealthplan.org)

## Annual HIPAA Notice of Privacy Practices

### How does BHP keep my health information private?

BHP has always respected the privacy of personal health information of individuals in the plan and handled it securely. Ohio state law provides protection for an individual's personal health information. Federal law also provides protection for an individual's health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

### What is a Notice of Privacy Practices?

The notice summarizes BHP's policies and procedures for the use and disclosure of protected health information, as well as an individual's rights under HIPAA.

### How do I get a copy of the Notice of Privacy Practices?

April 14, 2003, a notice was mailed to all BHP members. If you were hired after April 14, 2003, you received a copy of the Notice from your employer at the time of enrollment.

To obtain an additional copy, you may:

- download the notice at [www.butlerhealthplan.org](http://www.butlerhealthplan.org)
- request a paper copy from your benefit's office, or
- contact:
  - Butler Health Plan
  - Privacy Officer
  - 1910 Fairgrove Ave, Ste C
  - Hamilton, Ohio 45011
  - (513) 942-6262

